

*Original & Best
Photocopy Specified*

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019483** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|----|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | |
| 1 | | | | | | | 51 | | |
| 2 | | | | | | | 52 | | |
| 3 | | | | | | | 53 | | |
| 4 | | | | | | | 54 | | |
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| 14 | | | | | | | 64 | | |
| 15 | | | | | | | 65 | | |
| 16 | ① | | | | | | 66 | | |
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| 36 | | | | | | | 86 | | |
| 37 | | | | | | | 87 | | |
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| 48 | | | | | | | 98 | | |
| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| TOTAL IND. | | | | | | | TOTAL IND. | 4 | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | 25 | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | 24 | |